

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030873

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3968

FILED AUG 20 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

7 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 624 West 59th Street

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

FRANK

Middle

W

Last

BURGHARDT

4. DATE

OF DEATH

Month

July

Day

31

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3/10/81

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Retired Engineer

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroad

## 11. BIRTHPLACE (City and state or country)

Romney, Indiana

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Heimrick Burghardt

## 13b. MOTHER'S MAIDEN NAME

Margaret Baulser

## 14. NAME OF HUSBAND OR WIFE

Grace E. Burghardt

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Frances King, 624 W. 59th St. K.C. Mo

## 18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adenocarcinoma of Pancreas

## INTERVAL BETWEEN

ONSET AND DEATH

6 months

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

Obstructive Pulmonary Emphysema

## PART III. If deceased was female was

there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20e. TIME OF

INJURY

Hour

a.m.

Month, Day, Year

## 20f. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20g. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

1958

to

July 31, 62

and last saw

him

alive on

July 31, 62

Death occurred at

4:10 A.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Harold W. Note, M.D.

(Degree or title)

## 22b. ADDRESS

201 Plaza Med. Bldg.

Kansas City, Mo

## 22c. DATE SIGNED

8-1-62

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

## 23b. DATE

Aug. 3, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

## 23d. LOCATION (City, town, or county)

Brookfield

## (State)

Missouri

## 24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

D.W. Newcomer's Sons, Kansas City, Mo

## 25. DATE RECD. BY LOCAL REG.

8-2-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Harold W. Note

Dr. Harold W. Voth  
Plaza Medical Bldg.  
Til 5PM Wednesday

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold P. Reich

Licensed Embalmer No. 4998

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.